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Attorney Docket No. RTI-1191C-1915-13987US04

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

In the Application of:)	For: "System for Reconstituting Pastes
Wironen, John F., <i>et al.</i>)	and Methods of Using Same"
)	
Serial No.: 09/976,556)	Group Art Unit: 3763
)	
Filed: October 11, 2001)	Examiner:
)	

TRANSMITTAL
PETITION FOR A ONE (1) MONTH EXTENSION OF TIME

Mail Stop Missing Parts
Commissioner for Patents
P.O. BOX 1450
Arlington, VA 22313-1450

Sir:

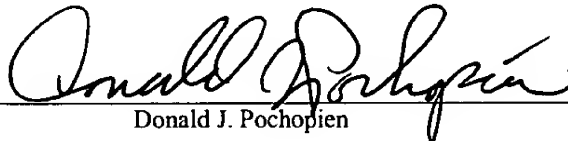
In response to the Notice to File Missing Parts dated 03/20/03, for which a response was due 05/20/03, the Applicants hereby request a one (1) month extension of time, extending the time of response to 06/20/03. Applicants enclose a check in the amount of \$110.00 to cover the fee required under 37 C.F.R. § 1.17(a)(2).

1. Additional Documents Cofiled Herewith:

- a. Response to Notice to File Missing Parts;
- b. Two checks in the amounts of \$1,122.00 and \$110.00; and
- c. Reply postcard.

CERTIFICATE OF MAILING

I hereby certify that this paper and all documents disclosed therein is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. BOX 1450, Arlington, VA 22313-1450, on June 5, 2003.


Donald J. Pochopien

06/11/2003 RMEBRAHT 00000015 09976556

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110.00 OP

2. **Extension of Time**

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	✓	\$110.00		\$55.00
Two Months		\$410.00		\$205.00
Three Months		\$930.00		\$465.00
Four Months		\$1450.00		\$725.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$ 110.00

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$ 110.00

3. **Method of Payment of Fees**

- ☒ Attached are two checks in the amounts of: \$1,122.00
\$ 110.00

Charge Deposit Account No. 13-0017
in the amount of: \$

A copy of this Transmittal is enclosed.

4. **Deposit Account and Refund Authorization**

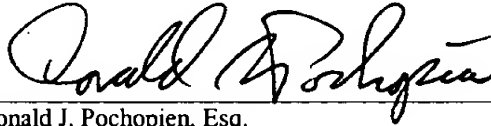
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-0017 in the name of McAndrews, Held & Malloy, Ltd. A duplicate copy of this Transmittal is enclosed.

Please refund any overpayment to McAndrews, Held & Malloy, Ltd. at the address below.

Respectfully submitted,

McANDREWS, HELD & MALLOY, LTD.

By:



Donald J. Pochopien, Esq.
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34th Floor
500 West Madison Street
Chicago, Illinois 60661
(312) 775-8133

Dated: June 5, 2003